# SEMINOLE TRIBE OF FLORIDA

## The Education Department

### 2025-2026 Private School Scholarship Application

# SCHOLARSHIP APPLICATION GUIDE

**Student Name:** _____ **Grade Level Entering:** _____

The K-12 Private School Scholarship is to provide each recipient with the opportunity to attend an educational institution valued in academic excellence, integrity and fairness.

**Private School Scholarship Includes**

The K-12 Private School Scholarship covers books (first time of issuance only), tuition, admission enrollment fees, lab fees, school ID (first time of issuance only), approved school bus transportation to/from school; up to $300 per month for the regular school year (unless transportation is provided and funded by the school), school required laptops: Grades 5-12 (documentation is required from the school and must meet the Education Department's iPad/Computer Policy), optional courses and academic remedial programs must be pre-approved by the Director of the Education Department.

**Private School Scholarship Does Not Include**

The K-12 Private School Scholarship does not include summer school programs. The private school scholarship applies only to the standard school year beginning in the fall (August/September) and ending in (May/June). All other school expenses not covered by the scholarship, including but not limited to: uniforms, lost or damaged books, after school care, after school programs, yearbooks, holiday celebrations/parties, late registration fees, and other fees, will be the sole responsibility of the parent or legal guardian.

## SCHOLARSHIP APPLICATION CHECKLIST

| INFORMATION YOU MAY NEED WHEN APPLYING FOR THE PRIVATE SCHOOL SCHOLARSHIP | |
|---|---|
| **Private School Scholarship Student Requirements** | |
| Student must have **fully completed the prior school year (unless entering Kindergarten)**. | ☐ |
| The student must have **a GPA of 2.5 or higher** (for student entering grades 2-12; exception applies if student has a documented IEP, 504 Plan, and/or documentation from a psychological evaluation). | ☐ |
| The student must have **no more than ten (10) unexcused absences for the school year.** | ☐ |
| **Academic Information** | |
| Parent/Student must provide a copy of the student's most recent academic report card. | ☐ |
| Parent/Student must provide a copy of the student's IEP, 504 Plan and /or documentation from a psychological evaluation. | ☐ |
| Parent/Student must complete the full academic information section. | ☐ |
| **Miscellaneous Information (All forms must be fully completed to be eligible for the Private School Scholarship)** | |
| Parent/Student must submit a fully completed 2025-2026 Private School Scholarship Application by Monday, March 31,2025 @ 5:00 PM EST. | ☐ |
| | ☐ |
| Parent/Student must provide a 2025-2026 Private School Scholarship Parent Agreement. | ☐ |

**Private School Scholarship Application Due by March 31, 2025**

# SEMINOLE TRIBE OF FLORIDA

## The Education Department

### 2025-2026 Private School Scholarship Application

## 2025 – 2026 Private School Choice

Please provide the name of the School Choice below. The Private School of Choice must be accredited and be an approved vendor of the Seminole Tribe of Florida (STOF)

**School Choice #1**

**School Name:** _____ **School Phone Number:** _____

**School Address:** _____

**School Choice #2**

**School Name:** _____ **School Phone Number:** _____

**School Address:** _____

## Parent/Legal Guardian Information

**Parent #1 Name:** _____ **Relationship to Student:** _____

**Home Address:**

_____

**Street** **Apt/Suite/** **City** **State** **Zip**

**Mailing Address:**

_____

**Street** **Apt/Box** **City** **State** **Zip**

**Home Phone:** _____ **Work Phone:** _____

**Cell Phone:** _____ **Email:** _____

**Parent # 2 Name:** _____ **Relationship to Student:** _____

**Home Address:**

_____

_____

**Street** **Apt/Suite/Lot** **City** **State** **Zip**

**Mailing Address:**

_____

**Street** **Apt/Box** **City** **State** **Zip**

**Home Phone:** _____ **Work Phone:** _____

Parent/Legal Guardian Initial: _____

# SEMINOLE TRIBE OF FLORIDA

## The Education Department

## 2025-2026 Private School Scholarship Application

**TWO (2) EMERGENCY CONTACTS: REQUIRED *(Not Parent/Legal Guardian listed above)***

**Name:** _____ **Phone:** _____

**Name:** _____ **Phone:** _____

## Academic Information

**Please answer each question:**

1. Are you interested in your child receiving tutoring service during the 2025 – 2026 school year?
   ☐ YES ☐ NO
2. Does your child have any accommodations, such as an IEP, learning plan or 504?
   ☐ YES ☐ NO
3. Will your child require bus transportation for the upcoming school year?
   ☐ YES ☐ NO

Please share any academic concerns, if applicable.

**By signing this application, I _____, hereby agree to all**
**(Parent/Legal Guardian Full Name)**

**The Education Department's K-12 Private School Scholarship Application Policies and Procedures.**

**I, hereby agree to complete a new application each academic year.**

_____ _____
*Parent/Guardian Signature* *Date*

_____ _____
*Reviewing Advisor Signature* *Date*

# SEMINOLE TRIBE OF FLORIDA

## The Education Department

### 2025-2026 Private School Scholarship Application

## Private School Scholarship Parent Agreement

Please read and initial each item listed below of the Parent Agreement to ensure the continuation of support and services provided by The Education Department.

| | Private School Scholarship Parent Agreement | Parent Initials |
|---|---|---|
| 1. | The Parent/Legal Guardian is responsible for enrolling the student into an *approved accredited* private school. (List of approved accredited K-12 schools can be obtained from your local advisor). | |
| 2. | The Parent/Legal Guardian is responsible for all school expenses not covered by the scholarship, including but not limited to: school uniforms, lunch/food, after school care, lost and damaged textbooks, and other fees. | |
| 3. | The Parent/Legal Guardian is responsible for ensuring that the student maintains a minimum GPA of 2.50. | |
| 4. | The Parent/Legal Guardian is responsible for ensuring that the student does not have more than ten (10) unexcused absences during the school year. When a student reaches ten (10) unexcused absences, the parent/legal guardian must supply a medical note from the student's doctor to the school and The Education Department per the Truancy Policy. Ten (10) unexcused absences will result in a referral to the Truancy Coordinator. | |
| 5. | The Parent/Legal Guardian must notify the local advisor ***immediately*** should it be necessary to withdraw a student from school, or if the student is suspended or expelled from school. The scholarship will be revoked if a student is expelled from school or withdrawn without prior notice being provided to The Education Department. | |
| 6. | If a student is transferred to another private school during the school year, the parent/legal guardian will be responsible for any balance that remains at the previous school and all costs incurred at the new school. | |
| 7. | The Parent/Legal Guardian will be responsible for transporting students to and from school that have been suspended or expelled from the bus or transportation provided by The Education Department. | |
| 8. | The Parent/Legal Guardian is responsible for ensuring that all report cards are submitted to The Education Department within two (2) weeks, following the end of the grading period. Failure to provide the report cards may jeopardize all future scholarship opportunities. | |
| 9. | The Parent/Legal Guardian is responsible for reapplying annually for the scholarship. Applications for the new school year must be submitted no later than Monday, March 31st, 2025. Funding will not be provided until the application has been approved. | |
| 10. | The Parent/Legal Guardian must sign an "Authorization for the Release of Information" form to ensure that The Education Department receives information including but not limited to grades, attendance and disciplinary reports from the school. (***Authorization Form attached)*** | |
| 11. | I have read and understand the K-12 Private School Scholarship Policies and Procedures in the K-12 Program Handbook (pages 1-5). | |
| 12. | I have read and understand the K-12 Private School Scholarship Tuition Cap for selected schools. | |

*Parent/Legal Guardian Signature* *Date*

*Reviewing Advisor Signature* *Date*

# SEMINOLE TRIBE OF FLORIDA

## The Education Department

## 2025-2026 Private School Scholarship Application

Student: _____ _____ _____
*First* *Middle* *Last*

_____ _____
*Date of Birth* *Tribal Member #*

***The signature below authorizes the release of records and information as indicated for the purpose of:***

- Monitor Education Progress
- Assessments and Referrals
- Family Services
- Coordinate education services
- Other (*Please specify*): _____

***I hereby request and authorize STOF's Education Department:*** ☐ Disclose to ☐ Obtain From

Person/Agency: _____ Phone: _____

***TO BE RELEASED TO/REQUESTED FROM:*** **Seminole Tribe of Florida's Education Department**

- **BIG CYPRESS**
  31000 Josie Billie Hwy.
  Clewiston, FL 33440
  (863) 902-3200
- **BRIGHTON**
  650 Harney Pond Rd, Suite 112
  Okeechobee, FL 34974
  (863) 763-3572
- **HOLLYWOOD/TRAIL/FT. PIERCE**
  3100 N. 63rd Avenue
  Hollywood, FL 33024
  (954) 989-6840 Ext. 10500
- **IMMOKALEE/NAPLES**
  295 Stockade Road
  Immokalee, FL 34142
  (239) 867-5303
- **TAMPA**
  6401 Harney Road
  Tampa, FL 33610
  (813) 246-3100

***Information to be released:***

- Attendance Information
- Report Cards/Progress Reports
- ESE Reports
- Discipline Records/Actions
- Standardized Test Information/Results
- Current IEP/504 Plan
- Assessments and Evaluations
- Transcripts
- Contact information
- Psychological Evaluations
- Dates and Reasons for Special Program Enrollment/Withdrawals
- Contact Information

I hereby authorize the above indicated information/records to be disclosed from the Person/Agency and to be released to the STOF's Education Department. I understand the information is strictly confidential and will be used for the purposes stated above. I understand that this authorization will remain in effect from the date of signature to be valid throughout the immediately following full school year, up to and including August 1st of that year or until it is revoked by my written consent.

**I have been informed and understand my rights regarding the release of these records.**

_____ _____
*Parent/Guardian Signature* *Date*

_____ _____
*Advisor Signature* *Date*

**Revocation**

_____ _____
*Parent/Guardian Signature* *Date*

***Revised 12/2024***